Berkshire Regional Transit Authority (BRTA)

Application for Special Services for the MOBILITY DISABLED

INSTRUCTIONS FOR COMPLETING THIS FORM:

Be sure to read enclosed letter before you complete this form.

The applicant (or someone assisting them) must complete Sections 1, 2 and 3. A medical doctor or other Health Care Professional (as defined in Section 4) must complete and sign Section 4 Medical Verification.

All questions must be answered. Incomplete applications will be returned for completion.

The applicant may attach additional information and/or documentation to support their application.

Please PRINT Clearly

SECTION 1. GENERAL INFORMATION

Last Name:_____ First Name:_____ MI:____

Street Address:_____ Apt. #:_____

Mailing Address (if different):_____

City:_____ State:_____ Zipcode:_____

Telephone:_____ Date of Birth:_____

Social Security #:_____ (optional)

If someone assisted you in completing this form, please identify them below:

Name:_____

Address:_____

Relationship:_____ Telephone:_____

Do you need to have information and material given to you in another format?

____ Large Print ____Other

Please give us the name and telephone number of someone we can call in an emergency.

Name: _____ Telephone: _____

Relationship: _____

APPLICATION FOR PARATRANSIT SERVICES

SECTION 2. APPLICANT'S CERTIFICATION OF DISABILITY

1. **What type or types of disabilities prevent you from using our bus service (check all that apply)?**
   _____ physical disability _____ visual impairment/blindness _____ other
   _____ developmental disability _____ mental impairment
   Please describe your disability in more detail:_____

   _____

2. **Please explain how your disability prevents you from using the regular bus service.** _____

   _____

3. **Do you need to use a wheelchair outside of your residence?** YES NO

4. **Is the disability described above temporary or permanent?**
   _____ Permanent _____ Temporary, I expect it to last for another _____ months

5. **Please indicate below if you use any of the following mobility aids or equipment.**
   _____ cane _____ leg braces _____ crutches

   _____ walker _____ manual wheelchair _____powered wheelchair

   _____ powered scooter _____ service animal _____other:_____

   Note: We may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 30" or if your total weight with your wheelchair is more than 600 pounds.

6. **Do you need to travel with someone who assists you?**
   _____ Always _____Sometimes _____Never

7. **If you travel with someone who assists you, does this person assist you:**
   _____ getting to or from a bus stop
   _____ getting on or off a bus
   _____ at your home or destination

I certify that to the best of my knowledge, the information in this application form is true and correct. I expressly acknowledge that the BRTA will rely upon the information contained herein to determine if there are times when I cannot use the bus system provided by the BRTA and must therefore use the paratransit service. I agree that if any of the information given to the BRTA is materially false or misleading, the BRTA shall have the right to reconsider my right to participate in the paratransit program, in addition to pursuing any other right or remedy which the BRTA may have under the circumstances. I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility for paratransit services.

Applicant's signature:_____ Date:_____

SECTION 3. QUESTIONS ABOUT YOUR ABILITY TO USE THE BUS SYSTEM

8. **Have you ever used the bus system?**
   ___ YES, I typically use the buses _____ times a week
   ___ YES, I used to but stopped because _____
   ___ NO

9. **Is there something that might help you to ride the buses (check all that apply)?**
   ___ YES, teaching you to understand bus route, schedule and fare information
   ___ YES, learning how to ride the buses (flagstop? destination signs?, etc.)
   ___ YES, being able to get onto buses with lifts
   ___ YES, using a communication aid; please explain _____
   ___ YES, if the bus service were closer to where I live and where I need to go
   ___ NO, none of these would help
   If you answered yes to any of the above, please complete question 17.

10. **Can you ask for and follow written or verbal instructions to use the bus system?**

___ YES	**If NO or SOMETIMES, please check all that apply**
___ NO	___ I get too confused and might get lost
___ SOMETIMES	___ other people cannot understand me
___ I don't know because	___ I probably could with instruction
I have never tried	___ other:_____

11. **Are you able to get to and from bus service on your own?**

___ YES	**If NO or SOMETIMES, please check all that apply**
___ NO	___ I can't get places if there are no curb-cuts
___ SOMETIMES	___ I can't if the street or sidewalk is too steep
___ I don't know because	___ I can't cross busy streets and intersections
I have never tried	___ I can't travel outside when it is too hot
	___ I can't travel alone in snow or icy conditions
	___ I get confused and cannot find my way
	___ other:_____

12. **If you are able to get to and from the bus, can you board the bus independently? (The only assistance the bus driver provides is to operate the wheelchair lift or kneeling devices.)**

___ YES	**If NO or SOMETIMES, please check all that apply**
___ NO	___ I can't climb stairs
___ SOMETIMES	___ I don't want to use the lift
___ I don't know because	___ I need assistance other than that provided by the driver.
I have never tried	___ I might be able to with training
	___ other:_____

13. **Once on the bus, can you walk to a seat or manuever your wheelchair to a tie down position?**

___ YES
___ NO
___ SOMETIMES
___ I don't know because I have never tried

If NO or SOMETIMES, please check all that apply

___ I have a balance problem
___ I need assistance other than that provided by the driver.
___ I probably could with instruction
___ other:_____

14. **Using a mobility aid on your own, how far can you travel?**

___ I cannot travel outside my house /apartment alone
___ I can get to the curb in front of my house/apartment alone
___ I can travel up to 3 blocks (1/4 mile) alone
___ I can travel up to 6 blocks (1/2 mile) alone
___ I can travel up to 9 blocks (3/4 mile) alone
___ I can travel more than 3/4 mile alone

15. **Are you able to deal with unexpected situations and unexpected changes in routine?**

___ YES
___ NO
___ SOMETIMES

If NO or SOMETIMES, please explain: _____

_____

16. **Can you recognize landmarks in order to travel on the transit system independently?**

___ YES
___ NO
___ SOMETIMES

If NO or SOMETIMES, please explain: _____

_____

17. **Are there any other conditions which limit your ability to use the bus system?**

___ YES (Please describe them below):

_____

___ NO

18. **Have you ever had training to use the regular bus service?**

___ YES ___ NO ___ In process

If yes or in process, from which agency? _____

If you completed this training and are able to use certain bus routes, please list them below:

1. _____ 3. _____
2. _____ 4. _____

The BRTA offers assistance and training on how to use the bus system. This professional training is free to our customers. If you are interested in learning more about this program, please indicate this below or call 413-499-2782 ext 17.

_____ Yes, I would be interested in learning more about the travel training program

SECTION 4. MEDICAL VERIFICATION

NOTE: This portion must be completed by one of the following currently licensed medical professionals who sees the applicant on a professional basis (not a relative or friend). This person may be a registered nurse, physician, social worker, psychologist, physical therapist, chiropractor, occupational therapist, speech pathologist, nurse practitioner, physician's assistant, mental health counselor, respiratory therapist, vocational rehabilitation counselor, or recreation therapist employed by a medical facility.

To Medical Professional:

The Americans with Disabilities Act of 1990 (ADA) is a civil rights law which bans discrimination against people with disabilities. To meet the needs of persons with disabilities, public bus systems, such as the BRTA, must provide paratransit services (vans and/or taxis) to persons unable to access or navigate the bus service. Persons with disabilities who are able to access BRTA buses may be eligible for "half fare". All BRTA buses are equipped with a wheelchair lift for people who use a wheelchair or cannot climb stairs; all buses also "kneel" (have the ability to lower the front steps).

The applicant who has asked you to review and sign this form is applying to the Berkshire Regional Transit Authority to be considered eligible for paratransit services for the mobility disabled or half fare bus fare. This application form is intended to assist the BRTA to determine *when and under what circumstances the applicant can use the bus system and when they require paratransit service.*

The applicant may be found eligible for paratransit services for all trips he/she requests, or eligible for some trips but not for others, or may be determined to be capable of using the regular bus service (perhaps at "half fare").

Please carefully review the information provided by the applicant in Sections 1-3 of this form and then answer the questions below.

(a) **Please describe *(in layman's terms)* the physical and/or cognitive condition which functionally prevents the applicant from using standard bus service:**

_____

(b) **Is this condition temporary?**
___ YES until / / .___ NO

(c) **Does the applicant need a wheelchair for ambulation outside of home?**
___ YES ___ NO

(d) **To the best of your knowledge, is the information provided by the applicant in Sections 1-3 of this application form true and correct?**
___ YES ___ NO Please explain

_____

I certify that the information in this application is true and correct. *Name and signature must be that of a medical doctor or Health Care Professional.*

Signature:_____ Date:_____

Print Name and Title:_____ Telephone: _____

Address:_____ City/State:_____ Zipcode: _____

APPLICATION FOR HALF BUS, FARE ONLY

SECTION 5. APPLICANT'S CERTIFICATION OF DISABILITY.

1. **What type or types of disabilities prevent you from using our bus service (check all that apply)?**
   ___ physical disability ___ visual impairment/blindness ___ hearing
   (MA Certification for Blind required)
   ___ developmental disability ___ mental illness ___ other

2. **Please describe your disability and how it limits your mobility?**_____

   _____

3. **Is the disabilty described above temporary or permanent?**
   ___ Permanent ___ I don't know

   ___ Temporary, I expect it to last for another _____ months

4. **Please indicate below if you use any of the following mobility aids or equipment.**
   ___ cane ___ leg braces ___ crutches

   ___ walker ___ wheelchair ___ other
   Note: We may not be able to accommodate you if your wheelchair/scooter is longer than 48" or wider than 30" or if your total weight with your wheelchair is more than 600 pounds.

I understand that the information about my disability contained in this application will be kept confidential and shared only with professionals involved in evaluating my eligibility. I certify that to the best of my knowledge, the information in this application form is true and correct.

Applicant's signature:_____ Date:_____

FOR BRTA USE ONLY

Approved: Yes No

If yes: Half Bus Fare Taxi Chaircar

Conditions, if any

_____

_____

If no,
reason:_____

Signature:_____ Date:_____